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VIA FACSIMILE: (571) 273-8300

RESPONSE UNDER 37 CFR 1.116 EXPEDITED PROCEDURE EXAMINING GROUP 3661

PATENT DON01 P-1103

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art: 3661

Examiner: J. H. Louis-Jacques

Applicants: David W. Taylor, Kevin C. McCarthy, Niall R. Lynam and Kenneth Schofield

Scrial No.: 10/645,762

Filing Date: August 20, 2003

For : VEHICLE NAVIGATION SYSTEM FOR USE WITH A TELEMATICS

SYSTEM

Mail Stop AF
Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450 Via Facsimile: 571-273-8300

Dear Sir or Madam:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

- 1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
- 2. Response (14 pages)

YOU SHOULD RECEIVE A TOTAL OF 17 PAGES.

Date: February 1, 2006

Susan L. Gasper

Van Dyke, Gardner, Linn & Burkhart, LLP 2851 Charlevoix Drive, S.E., Suite 207

P.O. Box 888695

Grand Rapids, Michigan 49588-8695

(616) 975-5500

TAF/slg

P.2/17

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PATENT DON01 P-1103

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

6169885894

Applicants: David W. Taylor et al.

Group Art Unit : 3661

Serial No. : 10/645,762

Examiner

: J. H. Louis-Jacques

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P.O. Box 1450

Alexandria, VA 22313-1450 Via Facsimile: 571-273-8300

Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.

The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than Small Entit	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fce	Rate	Add'l Fee
Total Claims	* 28	Minus	** 28	= ()	x \$25	\$.00	x \$50	\$.00
Independent Claims	*3	Minus	+## 3	= 0	x \$100	\$.00	x \$200	\$.00
First Presentation of Multiple Dependent Claims \$180							x \$360	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT								\$ 0.00

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
- If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Potal or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- 1. Small entity status of this application has been established.
- 2. X No additional Fee is required.
- 3. A check in the amount of \$ is attached.
- 4. Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190. A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: February 1, 2006

TAF/slg

Timothy A. Flory, Registration No. 42 540

2851 Charlevoix Drive, S.E.

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Grand Rapids, Michigan 49588-8695

(616) 975-5500

PAGE 2/17 * RCVD AT 2/1/2006 2:56:50 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/25 * DNIS:2738300 * CSID:6169885894 * DURATION (mm-ss):04-12

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Dear Sir or Madam:

RESPONSE

Responsive to the Final Office Action mailed November 2, 2005, Applicants wish to amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 10 of this paper.